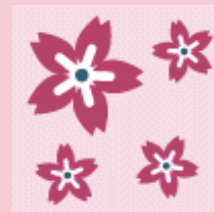


# CALLING THE SHOTS

Spring Issue



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1250 Punchbowl Street • Honolulu, Hawaii, 96813 • Questions, Comments? (808) 586-8300

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## Inadvertent Inoculation of Vaccinia

By Loriann Kanno, PharmD

Smallpox vaccinations were routinely performed in the United States until about 1971. In May of 1980, the World Health Assembly certified that

the world was free of naturally occurring smallpox. Because of heightened international concerns regarding the potential use of smallpox (variola) virus as a bioterrorism agent, in June 2001 the Advisory Committee on Immunization Practices (ACIP) made recommendations for the use of smallpox (vaccinia) vaccine to protect persons working with orthopoxviruses and to prepare for and respond to a possible terrorist attack involving smallpox. Supplemental recommendations designed for vaccination of persons who would respond to or care for a suspected or confirmed case of smallpox, and the clarification and expansion of the primary strategy for control and containment of smallpox in the event of an outbreak have subsequently been made.

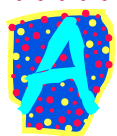
Hawaii has begun immunizing public health and healthcare response teams against smallpox disease. In this pre-event vaccination program, those with contraindications or those that have close contacts with contraindications to the vaccine are deferred from vaccination.

In-depth education and screening for vaccine contraindications, and post vaccination education on the care of the vaccination site

is being conducted in order to reduce the risk of vaccine adverse reactions and transmission of vaccinia.

Although there are no plans to immunize children at this time, inadvertent inoculation in the pediatric population is possible. Inadvertent inoculation occurs when vaccinia virus is transferred from a vaccination site to a second location on the vaccinee or a close contact. It is the most common complication of the smallpox vaccine and **occurs more often in the younger population** (e.g., children aged 1-4 years) and in those with disruption of the epidermis. Common sites involved are the face, eyelid, nose, mouth, lips, genitalia, and anus. When evaluating a patient with new onset of a red eye or periocular vesicles, vaccinia infection should be considered and history of recent vaccinia exposure (e.g., close contact with a smallpox vaccine recipient) should be sought. Uncomplicated inadvertent inoculation lesions are self-limiting, resolving in approximately 3 weeks, and require no therapy. However, if body surface involvement is extensive or if ocular disease is severe (without keratitis), the administration of Vaccine Immune Globulin (cidofovir, as a second-line therapy) may be considered.

For more information on smallpox, smallpox vaccinations, and other smallpox vaccination adverse events, visit the CDC smallpox website at [www.bt.cdc.gov/agent/smallpox](http://www.bt.cdc.gov/agent/smallpox).



## School Validation Surveys

By Scott Nishimoto



The annual School Validation Survey is currently being conducted by the Immunization Branch. The survey consists of screening preschool, kindergarten, and 7th grade student immunization records at randomly-selected schools. Data collected during the validation visit is then compared to the assessment report that is submitted biannually by the schools. Comparison of the validation survey results to the assessment report enables the Immunization Branch to determine the accuracy with which the schools are screening student immunization records. Results of the survey also help to determine the number of students that have not met the minimum requirements for school entry.

Students must have had a physical exam and TB test within 12 months prior to first entering school in Hawaii. A practitioner<sup>o</sup> must sign for the physical while the TB test should be signed by a practitioner or stamped with the name of the practitioner or clinic. For immunizations, a practitioner must review the immunizations and sign or stamp the record. Lab evidence of immunity signed by a practitioner is acceptable for certain diseases.

### Common Problems Found During the Survey

- Invalid TB test documentation, e.g. signature of LPN or RN, or unknown credentials
- Missing or invalid immunizations
- Unsigned or unstamped immunization records
- Physical exams or TB tests performed more than 12 months prior to school entry
- Old versions of the Form 14, which do not contain all of the required fields
- Unsigned lab reports documenting immunity

<sup>o</sup> **Please Note: A "Practitioner" is a MD, DO, APRN or PA licensed to practice in the U.S.**

How Many Doses Are Required? *						
	DTaP	Polio	Hib	Hep B	MMR	Varicella
Preschool	4	3	1	3	1	1
Kindergarten	5	4		3	2	1
7th Grade				3	2	1
New Entry	Varies depending on age—refer to HAR 11-157					
* All immunizations must meet minimum age & interval requirements specified in Chapter 11-157, HAR.						

For questions about TB requirements, call the TB Branch at (808) 832-5731. For other questions regarding school entry requirements, call the Immunization Branch at 586-8332 (Neighbor Islands, please call 1-800-933-7832).



# Sharp-Shooter of the Quarter: Chunmei Wu, MD

Editor's note: "Sharp Shooter of the Quarter" is a new feature of "Calling the Shots" that shares successful immunization practices of our local VFC providers.

By Heather Winfield-Smith

**Dr. Chunmei Wu**, pediatrician, began her private practice in 1999 after completing her residency at the Kapiolani Medical Center for Women and Children. She has approximately 500 patients between the ages of 0 and 18 years. It is her goal to provide the best possible pediatric care to all of her patients.

**SHOTS: When we performed your VFC/AFIX site visit in July 2002, 100% of the immunization records we screened were up-to-date. What strategies do you employ to ensure that your patients receive all of their immunizations on time?**

**Dr. Wu:** We start from the prenatal interview. When I first meet a family, I give them our routine physical and examination schedule and explain the importance of childhood immunizations. I also try to answer any questions they might have. It prepares parents, and makes them aware that every time their child comes in for a check-up he or she will also be getting shots. I also try to instill the importance of vaccination with my staff. Every time we open a patient's chart, even for insurance purposes, we check their vaccination status.

**SHOTS: What are your biggest challenges in maintaining high immunization rates?**

**Dr. Wu:** The amount of misinformation that exists regarding vaccination. Some parents worry that immunizations may result in severe side effects such as seizures, autism, and even alopecia. Parents also may be resistant to multiple immunizations.

**SHOTS: Do you contact patients that miss appointments? By what means?**

**Dr. Wu:** Yes, we contact patients who miss appointments by phone (we feel it works better than mail). We try to reschedule patients to come in within 7-10 days. My receptionist routinely calls a day before to remind patients of appointments.

**SHOTS: How do you identify patients if no appointment is made and vaccinations are due/overdue? How do you address or follow-up with patients who are due or overdue for vaccinations?**

**Dr. Wu:** We try to make the next physical appointment for each patient on the day of the visit. If some parents prefer to call back for an appointment,

we apply our tickler file system. We fill out a sheet with the patient's name, date of birth, and due date for vaccinations and file it chronologically according to when the child is due for vaccinations. Once a week we check the file and call the patient's parents if the child is within two weeks of their vaccination due date and the parents have still not made an appointment. It takes a little extra effort, but it works well. Families often appreciate it.

**SHOTS: Do you assess and administer immunizations during follow-up visits and acute care visits, as well as well-child visits?**

**Dr. Wu:** Yes, at each visit we check the patient's immunization status. We take advantage of every opportunity to vaccinate our patients.

**SHOTS: Who administers vaccines in your office (i.e. MD, NP, RN, MA, etc.)?**

**Dr. Wu:** I administer the vaccinations most of the time. By giving the vaccines myself, I am able to spend a little more time with the family and patient. This is helpful because parents may have more questions to ask. The parents also seem to feel more comfortable that I give the shots.

**SHOTS: Do you provide training to your staff regarding immunizations (i.e. vaccine storage and handling, immunization administration techniques, valid contraindications, etc.)?**

**Dr. Wu:** Yes, I make sure that all staff persons know how to store and handle vaccine properly. We use different administration techniques for different age groups. For example, for older children, we tell them to take deep breaths to minimize their fear and pain.

**SHOTS: Do you have any suggestions or helpful hints for your fellow immunization providers?**

**Dr. Wu:** Set a goal to immunize every single patient on schedule. We can improve our immunization rates by just a little extra effort.

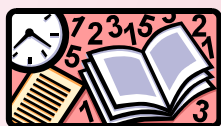
**SHOTS: Is there anything that you would like to add that we didn't cover?**

**Dr. Wu:** Never let your office run out of vaccine stock. There are shortages of vaccines from time to time. Make sure you always have vaccines available for your patients. **(But please don't overstock and let vaccines expire!).**



Have you updated your VFC profile?

To avoid possible interruption in the delivery of your VFC vaccines, please submit your updated VFC Provider Enrollment and Profile forms today! Check section 4 of your VFC Provider Toolkit for additional forms, or call 586-8300 (neighbor islands 1-800-933-4832).



Verify your vaccine orders upon receipt ... and refrigerate immediately.

If the numbers on your VFC order confirmation do not match the contents of your shipment, please refrigerate the vaccines immediately, and then call the VFC Program at 586-8300. Neighbor islands call toll free 1-800-933-4832.

VFC Program varicella vaccines are shipped directly from the manufacturer and must be stored in the freezer.

